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ANALYSIS OF FREQUENCY OF TUBAL FACTOR OF FEMALE INFERTILITY IN TERTIARY CARE CENTER OF LAHORE

Prof. Dr. Tayyaba Wasim[1], Dr. Kiran Qasim[1], Dr. Nazish Shafi[1]

[1]Services Hospital, Lahore, Gyane Unit II

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Abstract:

Introduction: *Infertility is a problem of global properties, worldwide more than 70 million people suffer from infertility. A couple is generally consider infertile if they are unable to conceive after 12 months or more of regular unprotected sexual intercourse.*

Objective: *To Study the Frequency of Tubal Factor of female infertility in tertiary care center of developing countries.*

Methodology of the study: *It was a case control study conducted in Department of Gynecology and Obstetrics unit 11 in SERVICES HOSPITAL LAHORE from January 2017-Decmber2017 on 576 patients with Primary or Secondary infertility during 1 year period. Patients with tubal factor of infertility confirm by HSG and laparoscopy were included in study with exclusion of other factors of infertility.*

Results: *During one year of period 576 patient with different infertility problems attend the infertility clinic.5 patients have tubal factor of infertility. 45% patient had primary infertility and 54% had secondary infertility.*

Conclusion: *We conclude from the study that sub fertility due to tubal factors is rapidly increasing and important cause of infertility in developing countries.*

Key words: *Tubal blockage, developing countries, infertility, hysterosalphingography, laparoscopy.*

Corresponding author:

Dr. Tayyaba Wasim,

Services Hospital, Lahore, Gyane Unit II

QR code

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INTRODUCTION:

Infertility is a problem of global properties, worldwide more than 70 million people suffer from infertility(1)A couple is generally consider infertile if they are unable to conceive after 12 months or more of regular unprotected sexual intercourse(1). Primary infertility refers to WHEN a couple who have never conceived before, while secondary infertility refers to couples who have been conceived at least once before, but are not able to get pregnant when they attempt to conceive for next time(2). According to WHO Infertility effects more than 10% of world's population (3). Prevalence of infertility in Pakistan was reported as 21.9%(4).It is also reported that female factor of infertility was more common in central part of Iran(5)Many of the couples who do not conceive easily have specific problems related to women, men or both. Female factors contributing almost half in the etiology, followed by male factor 30-40% and rest are c*ontributed* by the combination of both or by problems of unknown cause(6).

Apart from anatomical, endocrinological and genetic causes a large number of people are also suffered from preventable causes like sexually transmitted infections, postpartum infection, post abortion infection, (7). Ovulatory disorders are considered as important cause of infertility followed by tubular factors and male factors. In developing countries pelvic infections leading to tubal blockage, are an important cause of sub fertility among women [9)these infections are either due to sexually transmitted diseases, pregnancy related complications (miscarriages, termination of pregnancies, puerperal infection),iatrogenic factors intrauterine contraceptive devices, and unsafe birth practices.(10). The severity of tubal sub fertility after pelvic infections depends upon number and severity of episodes. Infertility occur in 8%-10% of pt after first episode, 23%-53%after second episode and 54%-75%after three or more episodes.

In Pakistan there are evidences of unsafe practices commonly opted by service providers as well as by women during child birth & post-partum period resulting in PID, tubal blockage & infertility. More than 65% females are delivered at home by unskilled birth attendants in unhygienic conditions which exposed them to infections (11). Sexually transmitted infections are the most important factors worldwide & vast data is available globally. The organisms most commonly involved are Chlamydia, trachomaitis and Neisseria Gonorrhea. but in our population we have limited data because of some reason like Pakistan have male dominant socity ,. People do not make routine follow up. In our culture women are not aware of their husband's extra marital relations. Mostly patient are reluctant to impart this information even if they are aware of this.Aiso techniques for diagnosis of sexually transmitted infections are expensive and are not easily available.(12).

MATERIAL& METHODS:

This was a descriptive study conducted in Department of Gynae – OBS Unit-II, Services Hospital Lahore. The data was collected from20-40 years females with primary or secondary infertility during 1 year of period (Jan 2017 to Dec 2017)

Inclusion Criteria:

- Patients with conformed tubal factors of infertility which was confirmed by HSG and Laparoscopy.

Exclusion criteria:

- Other factors causing infertility

DATA COLLECTION:

This descriptive study was carried out in unit 11 of gynecology and obstetrics department at services hospital Lahore Pakistan which is a tertiary care hospital which caters to a large population belonging to different social status. An infertility clinic is working in gynae OPD and, where infertile couple are evaluated, investigated and managed. The initial work up carried out according to the fertility clinic protocol. Each patient had complete history record, including age duration of infertility, years of living together, sexual history including male factor, history of contraception, history of previous treatment including history of previous children, age of last child or last miscarriage. Past medical and surgical history. General physical examination and systematic examination was performed including pelvic examination. Ovulation assessment was done by 12 day scan for size of follicles. Male factor assessed by HSA. Tubal factors were confirmed by HSG and laparoscopy. There was a set criterion of performing laparoscopy and HSG. Diagnostic laparoscopy were performed if infertility is >2yr .If there is suspicious of tubal blockage, and then HSG was done to look for site of blockage and interact uterine pathology. In laparoscopy health of pelvic organs was assessed and tubal patency was checked by methylene blue, and sometimes hysteroscoy was also performed at the same time if there is suspension of endometrial pathology I.e poll , sub mucosal fibroid.

RESULTS:

During one year period 405 patients attended infertility clinic for different infertility problems.49 patients were found to have tubal factor which was

established by the combination of clinical suspicious based on detail history, examinations, and by HSG and laparoscopy. HSG was done on 34 patients and laparoscopy was on 15patients Out of 405 pt seen 189 have primary infertility and 216 had secondary infertility. 0ut of total pt seen 197(48.6%) had ovulatory disorders 49 (13%) have tubal factors 39(10%) have male factors 29(7.1%) have fibroid, 27(7.1) had poor sperm quality13 have endometriosis 12 had advanced age 11 had medical disorders 6 pt (1.48%)have premature ovarian failure.5pt (1.2%)had anatomical abnormalities (2 had bicornuate uterus and 3 had vaginal septum)3pt (.7%) had extensive pelvic and abdominal surgeries. And 16 couples had unexplained infertility.

Table1:Shows that Out of 49 pt of tubal factors of infertility, pt with primary infertility are14 and with secondary infertility are 35..19 (38.7%) have PID14 pt (28.57%) pregnancy related infection 6 pt (12.2%)5 pt(10.20%) have BTL.5 pt had pelvic and tubal surgeries.

Tubal Factors	No. of patients	Percentages (%)
PID	33	67%
TB	6	12.5
BTL	5	10.25
Pelvic Surgeries	5	10.25
Total patients	**49**	**100%**

Table 2: shows that Out of 49 pt, 10 patients are between the age of 20-25 year, 27 between 25-30 yr, 8 pt between 30-35 yr and 4 pt > 40 years.. 8 pt have 2-3 yr infertility, 27 had3-5 yr infertility, 13 have >5 yr infertility. 20 patients are illiterate,11 have primary education,5 are middle and 4 are under matric,5 have secondary education,3 are graduated and 1 PhD(Post graduated).30 patients have low socioeconomic status and 18 have moderate socioeconomic status.

Duration of infertility	1-2 year	8
	3-5yr	27
	>5yr	13
Type of infertility	Primary	14
	Secondary	35
Age	20-25	10
	25-30	27
	30-35	8
	>40	4
Duration of infertility	1-2	10
	3-5 yr	27
	>5 yr	13

TABLE 3: Demographic Characteristics of patients

Education female	
Illiterate	53%
0-5yr of schooling	22.4%
5-10 yr of schooling	12.06%
High schooling	10.5%
EDUCATION Of HUSBAND	
Illiterate	39.4%
0-5 yr of schooling	36.3%
5-10yr	17.04%
High schooling	7.36%
EMPLOYMENT STATUS Of female	
House Wife	78.6%
Employed	21.4%
Employed STATUS Of HUSBAND	
Unemployed	31.2%
Employed	68.8%
DURATION Of MARRIAGE	
<5yr	47%
>5yr	39%
>10 yr	14%

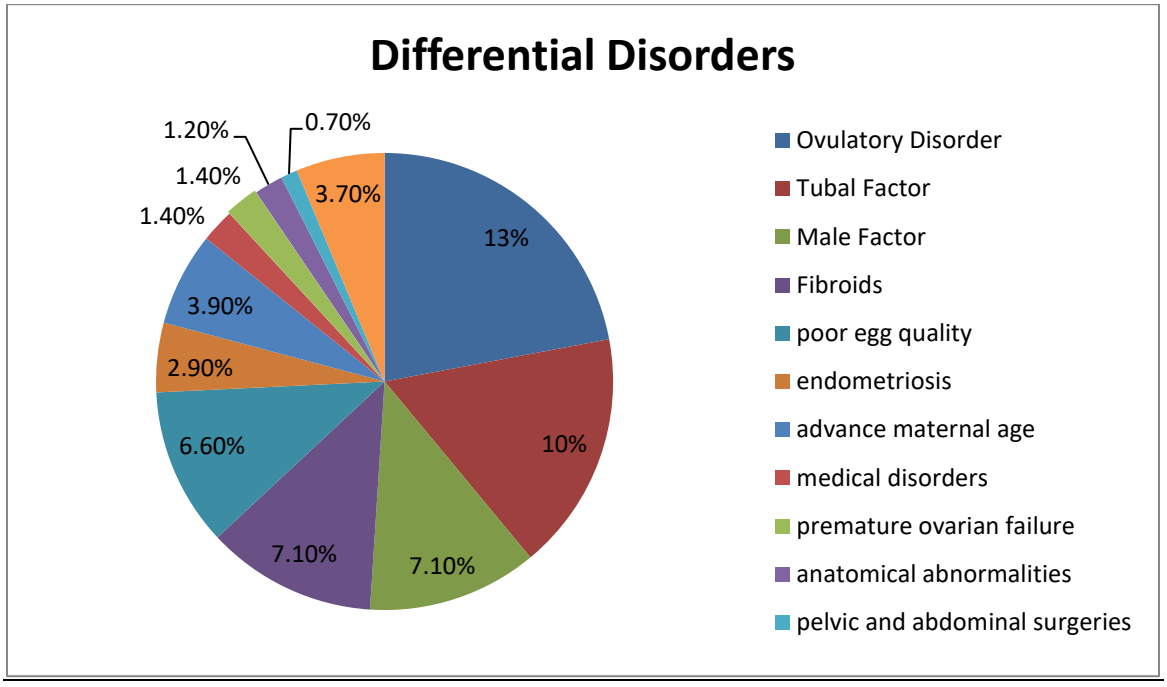

Figure 01: Differential disorders of patients

DISCUSSION:

Infertility is one of the most important and under-appreciated reproductive health problem in developing countries. In developing countries; tubal obstruction was found in 36%of infertile women. In Asia39%; in LATIN AMERICA; 44; and in Africa 85% but in our study 22%of the pt have tubal factor of infertility (110. In an Iraqi Study, carried out

during January 2000 to May 2001, studied causes of infertility in 250 couples, 193(77.3%) of whom have primary infertility and 57(22.8%) have secondary infertility. The most common cause of infertility was ovulatory disorder among them and tubal factor was only 5%and in NIGERIAN study. But in our study 46%patient had primary infertility and54%had secondary infertility (12).

In PETERSON et al study shows that women with PID are usually under age of 25 years and in SHEHET al study shows that 87% patients belong to age between 25-30 years; but in our stusy 66% of patients belong to age between 25-30 years (11). The incidence of tubal factor blockage in genital T.B was 39-41% in India but in our study that incidence was 10.25%. This shows that T.B is an important factor causes the tubal infertility in developing countries.

CONCLUSION:

The incidence of PID has increased during the last few decades worldwide and this leads to secondary epidemics of tubal factor of infertility. The sequelae of PID account for a large proportion of morbidity. Programs should be focused on reducing sexually transmitted diseases, postpartum & post abortion complication. Programs should also be made on educating patients, health practitioners & midwives regarding personal hygiene sterilization, safe delivery practices & lifestyle modifications.

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